

P.01



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FACS	SIMILE TRANSMITTAL SHEET				
TO:	FROM:				
Examiner David J. HUISMAN	Stephen T. Neal				
COMPANY:	DATE:				
USPTO	September 15, 200				
FAX NUMBER: (571) 273-8300	TOTAL NO. OF PAGES INCLU 13	DING COVER:			
PHONE NUMBER:	SENDER'S REFERENCE NUM	BER:			
	Intel 2207/10119				
RE:	YOUR REPERENCE NUMBER:				
Serial No.: 09/751,761	Group Art Unit: 2	183			
☐ URGENT FOR REVIEW	☐ PLEASE COMMENT ☐ PLEASE REP	Ly Confirmation			
ORIG	INAL WILL FOLLOW ORIGINAL WILI	L NOT FOLLOW			
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Notes/Comments:					
AMENDMENT AND R	REQUEST FOR RCE UNDER	37 C.F.R. §1.114			
1. Fax Cover Sheet (1)					
2. RCE Transmittal Form (and	one copy) (2)				
3. RCE Fee Transmittal (and or	ne copy) (2)	RECEIVED			
3. Amendment and Request for RCE (8) OIPE/IAP					
Total: (13) pages		2005			
Certi	ficate of Facsimile Transmittal	SEP 1 6 2005			
under 37 C.F.R. §1.11 to Examiner	renced correspondence is being tran David J. HUISMAN at facsimile r	nsmitted via facsimile number: (571) 273-8300 at			
the United States Patent and Trade	mark Office. Barba	pa Vance			
Dated: September 15, 2005	Signature:				
		Barbara Vance			
ATTACHMENTS, IS SUBJECT TO THE ATTORNEY-CONFIDENTIAL INFORMATION INTENDED ONLY NOT THE INTENDED RECIPIENT, WE HERERY NOTIFY YO THIS COMMUNICATION IS STRICTLY PROHIBITE.	RMATION CONTAINED IN THIS FACSIMILE TRANS- CLIENT PRIVILEGE, THE ATTORNEY WORK PRO Y FOR THE USE OF THE INTENDED RECIPIENT. BYEE OR AGENT RESPONSIBLE FOR DELIVERING U THAT ANY USE, DISSEMINATION, DISTRIBUTION. D. IF YOU RECEIVED THIS TRANSMISSION IN ER LE (408) 975-7501, SO THAT WE MAY ARRANGE P	DUCT PRIVILEGE OR IS IF THE READER OF THIS NOTICE IS IT THIS TRANSMISSION TO THE ON OR COPYING OF ALL OR PART OF UROR, PLEASE IMMEDIATELY NOTIFY			

PTO/SB/17 (10-04)
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FEE TO A NOMETTAL			Complete if Known							
FEE TRANSMITTAI	L	Appli	cation	Numb	o 09/7	09/751,761 R			EIVED	
for FY 2005		Filing Date			Dece	December 29, 2000; ENTRAI		CENTRÁI	AX GENTER	
-		First Named Inventor			tor Rona	ld D.	SMITH			
Effective 10/01/2004. Patent fees are subject to annual revision.	Examiner Name			Davi	д J. н	UISMAN	SEP	5 2005		
Applicant claims small entity status. See 37 CFR 1.27			nit		2183					
TOTAL AMOUNT OF PAYMENT (\$) 790.00		Atton	ney Do	cket N	o. Inte	1 2207	/10119			
METHOD OF PAYMENT (check all that apply)				FEE	CALCULA	TION (con	tinued)			
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Deposit Account Kenyon & Kenyon	1052	50	2052	25	Surcharge - late cover sheet	provisional fi	ling fee or			
Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English spe	ecification				
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Charge any additional fee(s) or any underpayment of fee(s)	1804	9201	1804	920*	Requesting pub Examiner action		t prior to			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting put Examiner action	dication of Sil	R after			
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1. BASIC FILING FEE	1252	430	2252	215	Extension for n	eply within se	cond month	\vdash		
Large Entity Small Entity	1253	980	2253	490	Extension for re	eply within thi	rd month	\vdash		
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1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension for n	eply within fift	h month	\vdash		
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appe	al		\vdash		
1003 550 2003 275 Plant filing fee	1402		2402		Filing a brief in		appeal	$\vdash \vdash \vdash$	ł	
1004 790 2004 395 Reissue filing fee	1403		2403		Request for ora	-		\vdash	1	
1005 160 2005 80 Provisional filing fee	1451	•	1451	•	Petition to instit	•	-		1	
SUBTOTAL (1) (\$) 0	1452		2452		Petition to reviv				1	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453		Petition to reviv		nai	\vdash		
Fee from Extra Claims below Fee Paid	1502	1,370 490	2501 2502		Utility issue fee Design issue fe	•				
Total Claims X	1503		2503							
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Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	802	1 40	Recording each property (times	patent assig	nment per			
1202 18 2202 9 Claims in excess of 20	1809	790	280	9 395	Filing a submis	-	-			
1201 88 2201 44 Independent claims in excess of 3					(37 ČFR 1.129	(a))	_			
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	0 395	For each additi examined (37 (1	
1204 88 2204 44 ** Relssue Independent claims over original patent	180	1 790	2801	895	Request for C	ontinued Exa	mination (RCE)	790.00	1	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patient	1802	900	1602	900	Request for ea		nination			
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SUBTOTAL (2) (\$) 0 "or number previously paid, if greater, For Relssues, see above	"Rec	luced by	Basic	Filing F	ee Paid g	SUBTOTAL	(3) (\$) 790.	00		
SUBMITTED BY						(Complete (t applicable))		j	
Name (Print/Type) Stephen T. Neal		Registra (Attorney		47	,815	Telephone	408.975.	7500	1	
Signature Attale The			. wylit!			<i>Date</i>	Sept. 15	, 2005	}	

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SUBMITTED BY

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1. BASIC FILING FEE

arge Entity Small Entity

2001 395

2002 175

FEE CALCULATION

Fee Description

Utility filling fee

Design filing fee

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SUBTOTAL (2)

Stephen T.

or number previously paid, if greater, For Reissues, see above

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PTO/SB/17 (10-04)

215 Extension for reply within second month

490 Extension for reply within third month

170 Notice of Appeal

765 Extension for reply within fourth month 1,040 Extension for reply within fifth month

SUBTOTAL (3)

Telephone

(Complete (# applicable))

(\$) 790.00

408,975,7500

Sept. 15,

2005

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PPP TOANCESTTAI			Complete if Known								
FEE TRANSMITTAL				ation	Numb	er 09/751,761	RECE	KED			
for FY 2005 Effective 10/01/2004. Palent fees are subject to annual revision.						December 29, 2000	NTRAL FA				
						ntor Ronald D. SMITH					
			Examiner Name			David J. HUISMAN	SEP !	2005			
Applicant claims small entity status. See 37 CFR 1.27			Art Ur	rit		2183					
TOTAL AMOUNT OF PAYMENT	(\$) 790.00		Attorn	ey Do	cket 1	6. Intel 2207/10119		<u>!</u>			
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)								
Check Credit card Money Order Other Mone Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name Director Is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee the above-identified deposit account.		1051 1052	ntity Fee (\$) 130 50 130 2,520 920°	Fee Code 2051 2052 1053 1812 1804 1805	Fee (\$) 65 25 130 2,520 920 1,840 1	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet Non-English specification For filing a request for ex parte reexamination Requesting publication of SIR prior to examiner action Requesting publication of SIR after Examiner action	Fee Paid				
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1003 550	2003 275	Plant fixing fee		1402	340	2402	1/0	Lind a put to subbour or surabbase	i
1004 790	2004 395	Reissue filing fee	·	1403	300	2403	150	Request for oral hearing	
1005 160	2005 80	Provisional filing fee	1	1451 1	1,510	1451	1,510	Petition to institute a public use proceeding	
		<u></u>	 1	1452	110	2452	55	Petition to revive - unavoidable	
			1	1453 1	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA	CLAIM FEES	FOR UTILITY AND	REISSUE	1501 1	1,370	2501	685	Utility issue fee (or reissue)	
		Ext <u>ra Claims below</u>		502	490	2502	245	Design issue fee	
Total Claims	-20 ^m	'= <u> </u>	⁴ ₁	503	660	2503	330	Plant issue fee	
Independent Claims	- 3**	= ×	1 السيية	1460	130	1460	130	Petitions to the Commissioner	
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	Small Entity		1 1	1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	a	3021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18	2202 9	Claims in excess of 20		809	790	2809		Fiting a submission after final rejection	
1201 88	2201 44	Independent claims in ex	cess of 3					(37 CFR 1.129(a))	
1203 300	2203 150	Multiple dependent daim	i, if not paid 1	1810	790	2810		For each additional invention to be examined (37 CFR 1.129(b))	Ì
1204 88	2204 44	** Reissue Independent over original patent		1801	790	2801	395	Request for Continued Examination (RCE)	790.00
1205 18	2205 9	Reissue claims in exce and over original paten		1802	800	1802	900	Request for expedited examination of a design application	

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Other fee (specify)

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(Altomey/Agent)